

**STATE PERSONNEL BOARD  
BILINGUAL SERVICES PROGRAM  
ORDER FORM**

**ORDERED BY:**

Department: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**DELIVERY METHOD:**

☐ **Pick-up at SPB**

(No Postage/Handling Costs)

Pick-up By:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

☐ **Mail to Shipping Address Listed**

(Postage/Handling Costs Apply to All Orders)

Ship To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**ORDER:**

Qty*	Item Description	Cost Per Item	Item Total Cost	Postage/Handling		Total Cost
				Per Item	Postage Total	
	Video: "Language Access for Limited-English Proficient (LEP) Persons: Your Responsibilities under the Act"	\$25.00		\$3.00		
	Language Identification Guide: Point to Your Language *(Order by Quantities of 10s)	\$ 10.00/for 10 (First 10 Free)		\$3.25/per 10		
	Language Access Complaint Poster *(Order by Quantities of 5s)	\$10.00/for 5 (First 5 Free)		\$2.60/per 5		
	Interpreter Services Notice Template Text for Poster: Language 1: English (Default) Language 2: Language 3: Contact Name: Telephone Number: (   ) Bilingual Coordinator Name: Telephone Number: (   )	\$10.00 - Printed Poster  \$2.50 - Poster on CD for printing		\$2.50 - Poster & CD  \$1.00 - CD Only		
	Interpreter Services Notice Template Text for Poster: Language 1: English (Default) Language 2: Language 3: Contact Name: Telephone Number: (   ) Bilingual Coordinator Name: Telephone Number: (   )	\$10.00 - Printed Poster  \$2.50 - Poster on CD for printing		\$2.50 - Poster & CD  \$1.50 - CD Only		
	<b>TOTALS</b>					

<b>Payment Method:</b>	<input type="checkbox"/> Check No: _____	Amount: \$ _____
	<input type="checkbox"/> P/O No: _____	Amount: \$ _____
	<input type="checkbox"/> Other (Specify): _____	Amount: \$ _____

**Authorized By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

<b>For SPB Use Only</b>	Date Order Received: _____	Date Ck/PO to Fiscal: _____
	Order Processed By: _____	Date Order Shipped: _____

Picked-up By (Signature Required): \_\_\_\_\_

Date: \_\_\_\_\_